

=> fil medline

FILE 'MEDLINE' ENTERED AT 14:27:54 ON 08 JAN 2004

FILE LAST UPDATED: 7 JAN 2004 (20040107/UP). . FILE COVERS 1958 TO DATE.

On December 14, 2003, the 2004 MeSH terms were loaded. See HELP RLOAD for details.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2004 vocabulary. See <http://www.nlm.nih.gov/mesh/> and [http://www.nlm.nih.gov/pubs/yechnbull/nd03/nd03\\_mesh.html](http://www.nlm.nih.gov/pubs/yechnbull/nd03/nd03_mesh.html) for a description on changes.

This file contains CAS Registry Numbers for easy and accurate substance identification.

\*\*\* YOU HAVE NEW MAIL \*\*\*

=> d all tot

L77 ANSWER 1 OF 8 MEDLINE on STN  
AN 2002458694 MEDLINE  
DN 22204755 PubMed ID: 12216605  
TI Superficial versus deep dry needling.  
AU Baldry Peter  
p.baldry@ukonline.co.uk  
SO Acupunct Med, (2002 Aug) 20 (2-3) 78-81. Ref: 17  
Journal code: 9304117. ISSN: 0964-5284.  
CY England: United Kingdom  
DT Journal; Article; (JOURNAL ARTICLE)  
General Review; (REVIEW)  
(REVIEW, TUTORIAL)  
LA English  
FS Priority Journals  
EM 200301  
ED Entered STN: 20020910  
Last Updated on STN: 20030202  
Entered Medline: 20030131  
AB Ninety percent of my patients with myofascial trigger point (MTrP) pain have this alone and are treated with superficial dry needling. Approximately 10% have concomitant MTrP pain and nerve root **compression** pain. These are treated with deep dry needling. SUPERFICIAL DRY NEEDLING (SDN): The activated and sensitised nociceptors of a MTrP cause it to be so exquisitely tender that firm pressure applied to it gives rise to a flexion withdrawal reflex (jump sign) and in some cases the utterance of an expletive (shout sign). The optimum strength of SDN at a MTrP site is the minimum necessary to abolish these two reactions. With respect to this patients are divided into strong, average and weak responders. The responsiveness of each individual is determined by trial and error. It is my practice to insert a needle (0.3mm x 30mm) into the tissues immediately overlying the MTrP to a depth of 5-10 mm and to leave it in situ long enough for the two reactions to be abolished. For an average reactor this is about 30secs. For a weak reactor it is several minutes. And for a strong reactor the insertion of the needle and its immediate withdrawal is all that is required. Following treatment muscle stretching exercises should be carried out, and any steps taken to eliminate factors that might lead to the reactivation of the MTrPs. DEEP DRY NEEDLING (DDN): This in my practice is only used either when primary MTrP activity causes shortening of muscle sufficient enough to bring about **compression** of nerve roots. Or when there is nerve **compression** pain usually from spondylosis or **disc** prolapse and the secondary development of MTrP activity. Unlike SDN, DDN is a painful procedure and one which gives rise to much post-treatment

soreness.

CT Check Tags: Female; Human; Male

**Acupuncture Analgesia: IS, instrumentation**

**\*Acupuncture Analgesia: MT, methods**

Anesthetics, Local: AD, administration & dosage

Myofascial Pain Syndromes: PP, physiopathology

**\*Myofascial Pain Syndromes: TH, therapy**

Nociceptors: PP, physiopathology

CN 0 (Anesthetics, Local)

L77 ANSWER 2 OF 8 MEDLINE on STN

AN 2002304632 MEDLINE

DN 22042965 PubMed ID: 12048416

TI Comparison of superficial and deep **acupuncture** in the treatment of lumbar myofascial pain: a double-blind randomized controlled study.

AU Ceccherelli Francesco; Rigoni Maria Teresa; Gagliardi Giuseppe; Ruzzante Leonardo

CS Observatory on Unconventional Medicine, Anesthesiological Unit of the Department of Pharmacology and Anesthesiology, University of Padova, Italy.. istaneri@uxl.unipd.it

SO CLINICAL JOURNAL OF PAIN, (2002 May-Jun) 18 (3) 149-53.

Journal code: 8507389. ISSN: 0749-8047.

CY United States

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Priority Journals

EM 200209

ED Entered STN: 20020606

Last Updated on STN: 20020913

Entered Medline: 20020912

AB **OBJECTIVE:** The aim of the study was to compare the therapeutic effect of the superficial and in-depth insertion of **acupuncture needles** in the treatment of patients with chronic lumbar myofascial pain. **DESIGN:** A prospective randomized double-blind study of superficial and deep **acupuncture** was conducted. **SETTING:** The study was conducted in the Pain Service Unit of the University of Padova. **PATIENTS:** The study comprised 42 patients with lumbar myofascial pain who were divided into two equal groups (A and B). **INTERVENTION:** In group A, the **needle** was introduced in the skin at a depth of 2 mm, whereas in group B the **needle** was placed deeply into muscular tissue. The treatment was planned for a cycle of eight sessions. **OUTCOME MEASURES:** The intensity of pain was evaluated with the McGill Pain Questionnaire before and after treatment and at the 3-month follow-up examination. **RESULTS:** Although at the end of the treatment there was no evidence of significant statistical differences between the two different groups, pain reduction was greater in the group treated with deep **acupuncture**. A statistical difference existed between the two groups at the 3-month follow up, with a better result in the deeply stimulated group. **CONCLUSIONS:** Clinical results show that deep stimulation has a better analgesic effect when compared with superficial stimulation.

CT Check Tags: Comparative Study; Female; Human; Male; Support, Non-U.S. Gov't

**\*Acupuncture Therapy: MT, methods**

Adult

Double-Blind Method

Follow-Up Studies )

**Lumbosacral Region**

Middle Age

Myofascial Pain Syndromes: PP, physiopathology

**\*Myofascial Pain Syndromes: TH, therapy**

Pain Measurement  
Palliative Care

- L77 ANSWER 3 OF 8 MEDLINE on STN  
 AN 90320428 MEDLINE  
 DN 90320428 PubMed ID: 1973579  
 TI Beneficial effects of **acupuncture** treatment following experimental spinal cord injury: a behavioral, morphological, and biochemical study.  
 AU Politis M J; Korchinski M A  
 CS Department of Surgery, University of Saskatchewan, Saskatoon, Canada.  
 SO ACUPUNCTURE AND ELECTRO-THERAPEUTICS RESEARCH; (1990) 15 (1) 37-49.  
 Journal code: 7610364. ISSN: 0360-1293.  
 CY United States  
 DT Journal; Article; (JOURNAL ARTICLE)  
 LA English  
 FS Priority Journals  
 EM 199008  
 ED Entered STN: 19900921  
 Last Updated on STN: 19950206  
 Entered Medline: 19900821  
 AB The uses and limitations of "first aid" **acupuncture** treatment were assessed after spinal cord injury in rats. Spinal cords were exposed to a standardized contusion lesion at T8, followed by **electroacupuncture** stimulation of three points: (a) Bl.60 (within the depression dorsal to the lateral malleolus), (b) Bl.54 (popliteal space) and (c) Gv.3 (**intervertebral** space between L4 and L5). **Acupuncture** treatment was performed at by either 15 min or 24 hrs after surgery. Control rats received spinal cord injury without **acupuncture** treatment. Animals were assessed at 3 days post-operatively. Results showed improved function (as assessed by a combined behavioral score) in rats which had been treated with **acupuncture** 15 min after injury relative to those that received no **acupuncture** treatment. This was accompanied by minimization of post-traumatic cord shrinkage in **acupuncture**-treated animals and a marked (3 fold) sparing of ventral horn neurons. Plasma cortisol levels rose over 3-fold within 2 hours post-operatively in non-**acupuncture**-treated rats, where these levels rose less than two fold in **acupuncture** treated animals. None of the above beneficial effects occurred in rats given **acupuncture** treatment 24 hrs after spinal cord injury. Results point to a usefulness of **acupuncture** as adjunct treatment during early stages after spinal cord injury.  
 CT Check Tags: Animal; Female  
     **Acupuncture Points**  
     \***Acupuncture Therapy: MT, methods**  
     **Electroacupuncture**  
     Emergency Medical Services  
     Rats  
     Rats, Inbred Strains  
     **Spinal Cord Injuries: SU, surgery**  
     \***Spinal Cord Injuries: TH, therapy**  
     Time Factors
- L77 ANSWER 4 OF 8 MEDLINE on STN  
 AN 90020102 MEDLINE  
 DN 90020102 PubMed ID: 2678566  
 TI [**Acupuncture** in pain therapy: current concepts].  
 Akupunktur in der Schmerztherapie: aktuelle Konzeptionen.  
 AU Luu M; Boureau F  
 SO THERAPEUTISCHE UMSCHAU, (1989 Aug) 46 (8) 518-25. Ref: 21  
 Journal code: 0407224. ISSN: 0040-5930.  
 CY Switzerland

DT Journal; Article; (JOURNAL ARTICLE)  
General Review; (REVIEW)  
(REVIEW, TUTORIAL)  
LA German  
FS Priority Journals  
EM 198911  
ED Entered STN: 19900328  
Last Updated on STN: 19900328  
Entered Medline: 19891107  
AB **Acupuncture** is a technique that was originally developed in ancient Chinese culture. One of the most important areas of use is in pain treatment. Many scientific publications have tried to prove the efficacy of **acupuncture** and have tried to determine the possible mechanisms of action. It has been shown that stimulation by **acupuncture**, mechanically or electrically, stimulates certain endocrine control mechanisms, which cause the release of morphine like substances. These endocrine controls are not only stimulated by **acupuncture**, but also are activated by other pain fighting techniques that utilize peripheral stimulation. Even if experimental studies could prove the effects of **acupuncture**, it is still difficult for scientists to accept the Chinese theory. Until now, nobody could determine the exact nature of the points and circles of **acupuncture**. The precise location of the points does not seem to be a requirement for the analgesic effects. The analysis of referred pain made it possible to confirm the anatomical and functional bases of **acupuncture** points and circles. Many authors have found good external agreement between points of pain and **acupuncture** points and have found agreement between the Chinese circles and radicular and pseudoradicular pain areas. With respect to the interpretation of the results of controlled clinical studies, it was difficult to determine the criteria for placebo. The criteria used depends on which **acupuncture** model is used. In the traditional model, any use of the **needle** at a different point from the Chinese point is called placebo. In the neurophysiological model, it seems that the method of stimulation, mechanical or electrical, makes the difference. This hypothesis has been confirmed by analysing all past clinical studies..(ABSTRACT TRUNCATED AT 250 WORDS)  
CT Check Tags: Human  
\*Acupuncture Analgesia: MT, methods  
Acupuncture Points  
Endorphins: PH, physiology  
English Abstract  
Pain: PP, physiopathology  
\*Pain: TH, therapy  
Spinal Cord: PP, physiopathology  
CN 0 (Endorphins)  
L77 ANSWER 5 OF 8 MEDLINE on STN  
AN 78247183 MEDLINE  
DN 78247183 PubMed ID: 683427  
TI [Modified **acupuncture** in the treatment of pain].  
Igloterapia w zwalczaniu bolu.  
AU Kwasucki J; Zaleska B; Gierczak J  
SO NEUROLOGIA I NEUROCHIRURGIA POLSKA, (1978 May-Jun) 12 (3) 229-34.  
Journal code: 0101265. ISSN: 0028-3843.  
CY Poland  
DT Journal; Article; (JOURNAL ARTICLE)  
LA Polish  
FS Priority Journals  
EM 197810  
ED Entered STN: 19900314  
Last Updated on STN: 20000303  
Entered Medline: 19781018

AB The authors report the results of treatment with a modification of **acupuncture** associated with chemical stimulation in 144 patients with painful radicular syndromes and headaches. In 57 cases sciatic pains were present, in 21 cases shoulder pains, in 20 migraine and in 46 vasomotor headaches. Permanent disappearance of pain, that is disappearance of pain during the procedure and lack of recurrence within several successive days, was obtained in about 40% of cases of radicular syndromes and in 62% of cases of headaches, early disappearance of pain for 3 to 48 hours after the procedure was obtained in 14% of radicular syndromes and nearly 26% headaches, while improvement, that is reduction of pain intensity, was achieved in 29.5% of radicular pains and 3% of headaches, while in 15.3% of cases of radicular syndromes and 9% of cases of headaches no improvement was observed. Both vasomotor headaches and neuralgias belong to the group of nervous system diseases in which pain is the basic and sole symptom, while treatment includes its removal. In these cases **acupuncture** is a valuable analgesic method. The presently reported results agree with those in the literature on the use of classical **acupuncture** and its modifications. It is worth stressing that insertion of **needles** into the traditional points used in classical **acupuncture** is without any greater importance was shown by the presently reported experiences (various points were used in the same case) as well as by the reports of other authors. The modification of **acupuncture** with addition of chemical stimulation has been tried by the authors for 4 years. A weak stimulus resulting from insertion of the **needle** and irritation of the nerve endings with concentrated sodium chloride acts similarly as mechanical or electrical irritation. The method is simple and completely safe.

CT Check Tags: Human  
 \***Acupuncture Therapy: MT, methods**  
 English Abstract  
 Pain: ET, etiology  
 \*Pain: TH, therapy  
 Recurrence  
 Remission, Spontaneous  
**Sciatica: CO, complications**  
 Vascular Headaches: CO, complications

L77 ANSWER 6 OF 8 MEDLINE on STN  
 AN 75052037 MEDLINE  
 DN 75052037 PubMed ID: 4479722  
 TI Managing chronic pain.  
 AU O'Neal J T  
 SO AMERICAN FAMILY PHYSICIAN, (1974 Dec) 10 (6) 74-84.  
 Journal code: 1272646. ISSN: 0002-838X.  
 CY United States  
 DT Journal; Article; (JOURNAL ARTICLE)  
 LA English  
 FS Abridged Index Medicus Journals; Priority Journals  
 EM 197502  
 ED Entered STN: 19900310  
 Last Updated on STN: 19900310  
 Entered Medline: 19750218

CT Check Tags: Human  
**Acupuncture Therapy**  
 Analgesics: TU, therapeutic use  
 Behavior  
 Behavior Therapy  
 Central Nervous System: SU, surgery  
 Chronic Disease: TH, therapy  
 Emotions  
 Hypertonic Solutions  
**Injections, Spinal**



Nerve Block  
 Nerve Fibers, Myelinated: PP, physiopathology  
 Neural Inhibition  
 Pain, Intractable: DI, diagnosis  
 Pain, Intractable: DT, drug therapy  
 Pain, Intractable: PP, physiopathology  
 Pain, Intractable: SU, surgery  
 \*Pain, Intractable: TH, therapy  
 Physical Examination  
 Psychological Tests  
 Reticular Formation: PP, physiopathology  
 Social Environment  
 Sodium Chloride: AD, administration & dosage  
 Sodium Chloride: TU, therapeutic use  
     **Spinal Cord: PP, physiopathology**  
 Synapses: PP, physiopathology  
 RN 7647-14-5 (Sodium Chloride)  
 CN 0 (Analgesics); 0 (Hypertonic Solutions)

L77 ANSWER 7 OF 8 MEDLINE on STN  
 AN 75034940 MEDLINE  
 DN 75034940 PubMed ID: 4609312  
 TI **Acupuncture** for pain relief.  
 AU Rozier C K  
 SO PHYSICAL THERAPY, (1974 Sep) 54 (9) 949-52.  
 Journal code: 0022623. ISSN: 0031-9023.  
 CY United States  
 DT Historical  
 Journal; Article; (JOURNAL ARTICLE)  
 LA English  
 FS Abridged Index Medicus Journals; Priority Journals; History of Medicine  
 EM 197501  
 ED Entered STN: 19900310  
 Last Updated on STN: 19900310  
 Entered Medline: 19750116  
 CT Check Tags: Human  
     **\*Acupuncture Therapy**  
     **Acupuncture Therapy: HI, history**  
     China  
     Europe  
     History of Medicine, 17th Cent.  
     History of Medicine, 19th Cent.  
     History of Medicine, 20th Cent.  
     History of Medicine, Ancient  
     History of Medicine, Medieval  
     Japan  
     Medicine, Chinese Traditional  
     **Needles**  
     Pain: PP, physiopathology  
     \*Pain: TH, therapy  
     Perception  
     Physical Stimulation  
     Reflex  
     **Spinal Cord: PP, physiopathology**  
     **Substantia Gelatinosa: PP, physiopathology**  
     Thalamus: PP, physiopathology

L77 ANSWER 8 OF 8 MEDLINE on STN  
 AN 72257738 MEDLINE  
 DN 72257738 PubMed ID: 5052061  
 TI **Needle** power. A report and discussion of **acupuncture**.  
 AU Lee J F  
 SO CALIFORNIA MEDICINE, (1972 Aug) 117 (2) 74-6.

Journal code: 0410260. ISSN: 0008-1264.  
 CY United States  
 DT Journal; Article; (JOURNAL ARTICLE)  
 LA English  
 FS Priority Journals  
 EM 197210  
 ED Entered STN: 19900310  
 Last Updated on STN: 19900310  
 Entered Medline: 19721005  
 CT Check Tags: Female; Human; Male  
 \*Acupuncture Therapy  
 Adult  
 \*Anesthesia, Dental  
 \*Intervertebral Disk Displacement: TH, therapy  
 Middle Age  
 \*Osteoarthritis: TH, therapy

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(FILE 'HOME' ENTERED AT 10:59:28 ON 08 JAN 2004)  
 SET COST OFF

FILE 'MEDLINE' ENTERED AT 10:59:41 ON 08 JAN 2004

L1	9090	S	?ACUPUNCT?
		E	ACUPUNCTURE/CT
		E	E3+ALL
L2	178	S	E3
		E	E5+ALL
L3	8183	S	E4+NT
L4	9309	S	L1-L3
		E	SPINAL CORD COMPRESSION/CT
		E	E3+ALL
L5	6154	S	E19+NT
		E	E18+ALL
L6	14858	S	E14
L7	109	S	E57, E58
		E	HERNIA/CT
		E	E3+ALL
L8	110171	S	(SPINAL CORD+NT OR SPINE+NT)/CT
L9	3606	S	L8 AND ?HERNIA?
		E	INTERVERTBRAL DISK/CT
L10	5519	S	E9+NT
		E	E26+ALL
L11	9418	S	E5+NT
		E	E4+ALL
L12	11408	S	E4
L13	53786	S	E4+NT
		E	SCIATIC/CT
L14	19276	S	E4+NT
		E	E47+ALL
L15	2767	S	E6+NT
L16	517	S	L4 AND L5-L15
L17	8	S	L4 AND (SLIP? OR ?HERNIA?) (L) (DISK OR DISC OR DISCAL?)
		E	VERTEBRA/CT
		E	E4+ALL
		E	E2+ALL
L18	104	S	E8+NT AND L4
		E	SPINAL CORD/CT
L19	213	S	L4 AND (E3+NT OR E4+NT)
L20	76	S	L4 AND (E47+NT OR E93+NT)
L21	0	S	L4 AND E132+NT
L22	644	S	L7, L16-L20

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      E BACK/CT
L23      44 S L4 AND E3+NT
L24      6 S L4 AND E9+NT
L25     216 S L4 AND E31+NT
L26     855 S L22-L25
L27     102 S L26 AND NEEDL?
L28      79 S L26 AND INJECT?
L29      5 S L26 AND SYRING?
      E NEEDLE/CT
      E E40+ALL
L30     17 S L26 AND E3+NT
      E SYRINGE/CT
      E E10+ALL
L31      0 S L26 AND E3+NT
      E INJECTION/CT
      E E3+ALL
      E E2+ALL
L32     36 S L26 AND E4+NT
L33     168 S L27-L32
L34     29 S L33 NOT AB/FA
      SEL DN AN 24 25 29
L35      3 S L34 AND E1-E9
L36     139 S L33 NOT L34
      SEL DN AN 16 42 93 L36
L37      3 S E10-E18 AND L36
L38    1384 S L3(L)MT/CT
L39     841 S L38/MAJ
L40     17 S L39 AND ?VERTEB?
L41     17 S L40 AND L1-L40
      SEL DN AN 9
L42      1 S L41 AND E19-E21
L43     69 S L39 AND L26
L44     58 S L43 NOT L40
L45     25 S L44 NOT AB/FA
L46     33 S L44 NOT L45
      SEL DN AN 11 26 31
L47      3 S L46 AND E22-E30
L48     766 S L39 NOT L40-L47,L35
L49     410 S L48 NOT AB/FA
L50     113 S L4 AND OLDMEDLINE/FS
L51    4769 S L4 NOT AB/FA
L52    4540 S L4 NOT L50,L51
L53     356 S L52 AND L48
L54      0 S L53 AND ?DISK?
L55     52 S L53 AND ?DISC?
L56     38 S L53 AND (BACK? OR SPIN?)
L57      1 S L53 AND ?HERNIA?
L58      2 S L53 AND ?COMPRESS?
      SEL DN AN 1
L59      1 S L58 AND E31-E33
L60     69 S L39 AND L26
L61     26 S L60 NOT AB/FA
L62     43 S L60 NOT L61
L63      8 S L35,L42,L47,L59 AND L1-L62
      E INJECTIONS, SPINAL/CT
      E E3+ALL
L64    8331 S E5+NT
      E E22+AKK
      E E3+ALL
L65     5980 S E5+NT
L66     49 S L4 AND L64,L65
L67      6 S L66 NOT AB/FA
L68     52 S L55 NOT L67

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L69        '52 S L38 AND L68  
             E MUSCLE/CT  
             E E3+ALL  
             E E2+ALL  
L70        163 S L4 AND E5+NT  
L71        22 S L70 AND L26  
L72        7 S L71 NOT AB/FA  
L73        15 S L71 NOT L72  
L74        141 S L70 NOT L71, L63  
L75        20 S L74 AND L38  
L76        121 S L74 NOT L75  
L77        8 S L63 AND L1-76

FILE 'MEDLINE' ENTERED AT 14:27:54 ON 08 JAN 2004

FILE 'EMBASE' ENTERED AT 14:28:09 ON 08 JAN 2004

L78        8138 S ?ACUPUNCT?  
             E ACUPUNCTURE/CT  
             E E3+ALL  
L79        7737 S E3+NT  
L80        8234 S L78, L79  
L81        32 S L80 AND ?HERNIA?  
             E SPINAL/CT  
L82        6715 S E13+NT  
L83        32800 S E67+NT  
L84        662 S E112+NT  
L85        3782 S E134+NT  
L86        1273 S E165+NT  
L87        62745 S E172+NT  
L88        3770 S E189+NT  
L89        6 S E212  
L90        5 S E215  
L91        17717 S E242+NT  
L92        1037 S E258+NT  
L93        1490 S E271+NT  
L94        6620 S E297+NT  
L95        7 S E324  
L96        1027 S E323  
L97        1732 S E328+NT  
L98        178 S E335+NT  
L99        1042 S E349+NT  
L100       8782 S E351+NT  
L101       1474 S E359+NT  
L102       403 S E370+NT  
L103       2069 S E398+NT  
L104       1014 S E417+NT  
             E E438+ALL  
L105       2263 S E2+NT  
             E E4+ALL  
L106       8481 S E9+NT  
L107       47957 S E8+NT  
             E VERTEBR/CT  
             E E4+ALL  
L108       2448 S E1+NT  
             E INTRAVERT/CT  
L109       1 S E10  
             E INTERVERT/CT  
L110       287 S E5+NT  
L111       2263 S E17+NT  
L112       1716 S E22+NT  
L113       8481 S E36+NT  
L114       6107 S E52+NT  
L115       1840 S E85+NT

L116 335 S L80 AND L82-L115  
 L117 344 S L81,L116  
 L118 101 S L117 NOT AB/FA  
 L119 243 S L117 NOT L118  
 L120 196 S L119/ENG  
 L121 47 S L119 NOT L120  
 L122 196 S L120 NOT L121  
 L123 484 S L80 AND (SPINE OR SPINAL)  
 L124 542 S L80 AND (?SPINE OR ?SPINAL?)  
 L125 542 S L123,L124  
 L126 115 S L125 NOT AB/FA  
 L127 427 S L125 NOT L126  
 L128 38 S L127 AND ?VERTEB?  
 L129 389 S L127 NOT L128  
 L130 29 S L129 AND INSERT?  
 E METHOD/CT  
 L131 1669 S E11+NT AND L80  
 E E13+ALL  
 L132 105 S E2+NT AND L80  
 L133 1669 S L131,L132  
 L134 1080 S L133 AND L79/MAJ  
 E ACUPUNCTURE/CT  
 E E3+ALL  
 L135 43 S L134 AND L125  
 E SPINE/CT  
 L136 89 S E3+NT AND L80  
 L137 85 S E38+NT AND L80  
 L138 4 S E79+NT AND L80  
 L139 14 S E88+NT AND L80  
 L140 3 S E102+NT AND L80  
 L141 1 S E124+NT AND L80  
 L142 1 S E153+NT AND L80  
 L143 1 S E173+NT AND L80  
 L144 20 S E177+NT AND L80  
 L145 183 S L135-L144  
 L146 52 S L145 NOT AB/FA  
 L147 131 S L145 NOT L146

FILE 'BIOSIS' ENTERED AT 15:05:04 ON 08 JAN 2004

L148 5582 S ?ACUPUNCT?  
 L149 334 S L148 AND (SPINE OR SPINAL?)  
 L150 367 S L148 AND (?SPINE OR ?SPINAL?)  
 L151 5337 S L148 AND ?VERTEBR?  
 L152 10 S L148 AND ?VERTEBRAE?  
 L153 47 S L148 AND ?VERTEBRAL?  
 L154 34 S L148 AND (DISK OR DISC OR DISCAL)  
 L155 34 S L148 AND (?DISK OR ?DISC OR ?DISCAL)  
 L156 421 S L149,L150,L152-L155  
 L157 116 S L156 NOT AB/FA  
 L158 305 S L156 NOT L157  
 L159 2 S L158 AND 18002/CC  
 L160 4 S L158 AND ?HERNIA?  
 L161 11 S L158 AND ?COMPRES?  
 L162 15 S L160,L161  
 L163 289 S L158 NOT L159-L162  
 L164 30 S L163 AND 175?/CC  
 L165 259 S L163 NOT L164

FILE 'JAPIO' ENTERED AT 15:16:48 ON 08 JAN 2004

L166 214 S ACUPUNCT?

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